

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015198

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 53

Primary Registration District No. 0000

Registrar's No. 217

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED APR 29 1963

1. PLACE OF DEATH a. COUNTY Cape		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cape	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Apple Creek TWP		c. CITY OR TOWN Friedheim	
Length of stay in 1b Life		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Friedheim R. 1, Mo.		d. STREET ADDRESS (If outside, give location) Rte. 1	
3. NAME OF DECEASED (Type or print) Walter H. Brune		4. DATE OF DEATH Month 4 Day 18 Year 63	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-23-03
9. AGE (last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	
11. BIRTHPLACE (City and state or country) Cape County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Frederick Brune		13b. MOTHER'S MAIDEN NAME Emilie Vogt	
14. NAME OF HUSBAND OR WIFE Flora Brune		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Mrs. Flora Brune, Friedheim R. 1, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis DUE TO (b) — DUE TO (c) — PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) —		INTERVAL BETWEEN ONSET AND DEATH 2-3 d	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 9:30 A. Month, Day, Year 4-18-63	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 4-18-63	
20f. CITY, TOWN, OR LOCATION 4-18-63		COUNTY never treated	
21. I attended the deceased from 4-18-63 to 4-18-63 and last saw him alive on 4-18-63 Death occurred at 9:30 A. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (In ink or type) G. E. Cairns, M.D.	
22b. ADDRESS Perryville, Mo.		22c. DATE SIGNED 4-20-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-21-63	
23c. NAME OF CEMETERY OR CREMATORY Trinity Lutheran Cem.		23d. LOCATION (City, town, or county) Friedheim, Mo.	
24. FUNERAL DIRECTOR Young & Sons		25. DATE RECD. BY LOCAL REG. 4-24-1963	
26. REGISTRAR'S SIGNATURE James Kasten			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

DATE AMENDED

1 0160

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.